

Physical Activity and the Health of Young People

Fact Sheet

BENEFITS OF REGULAR PHYSICAL ACTIVITY

- Helps build and maintain healthy bones and muscles.¹
- Helps control weight, build lean muscle, and reduce fat.¹
- Reduces feelings of depression and anxiety and promotes psychological well-being.¹

LONG-TERM CONSEQUENCES OF PHYSICAL INACTIVITY

- Physical inactivity and poor diet together account for at least 300,000 deaths in the United States each year. Only tobacco use contributes to more preventable deaths.²
- Physical inactivity increases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.¹

OVERWEIGHT AND OBESITY

- The percentage of children and adolescents who are overweight has more than doubled in the past 30 years; most of this increase has occurred since the late 1970s.^{3,4}
- Of young people aged 6–17 years, about 5.3 million, or 12.5%, are seriously overweight.^{4,5}
- Obese children and adolescents are more likely to become obese adults;^{6,7} overweight adults are at increased risk for heart disease, high blood pressure, stroke, diabetes, some types of cancer, and gallbladder disease.⁸

PARTICIPATION IN PHYSICAL ACTIVITY BY YOUNG PEOPLE

- Nearly half of young people aged 12–21 years do not regularly engage in vigorous physical activity.⁹
- Participation in physical activity declines strikingly as children get older.
 - ▶ Regular participation in vigorous physical activity has been reported by 69% of young people aged 12–13 years but only 38% of those aged 18–21.⁹
 - ▶ Seventy-three percent of 9th graders but only 58% of 12th graders regularly participate in vigorous physical activity.¹⁰
 - ▶ Among all high school students, regular participation in vigorous physical activity dropped from 66% in 1991 to 64% in 1997.¹¹



Percentage of High School Students Participating in Different Types of Physical Activity, by Sex, 1997¹⁰

Type of Activity	Girls	Boys
Regular vigorous physical activity ^a	54%	72%
Almost daily light to moderate activity ^b	20%	21%
Regular strengthening/toning activities ^c	43%	58%
Regular stretching activities ^d	50%	52%

^aParticipation in activities that made them sweat and breathe hard for at least 20 minutes on at least 3 of the 7 preceding days.

^bWalking or bicycling for 30 minutes or more on at least 5 of the 7 preceding days.

^cParticipation in activities such as push-ups, sit-ups, or weightlifting during at least 3 of the 7 preceding days.

^dParticipation in activities such as toe touching, knee bending, and leg stretching on at least 3 of the 7 preceding days.

PARTICIPATION IN PHYSICAL EDUCATION CLASS AND SPORTS TEAMS

- Only 49% of U.S. high school students (69% of 9th graders but only 36% of 12th graders) were enrolled in a physical education class in 1997.¹⁰
- The percentage of students who attended a daily physical education class dropped from 42% in 1991 to 27% in 1997;¹¹ in 1997, 43% of 9th graders but only 19% of 12th graders attended a daily physical education class.¹⁰
- In 1997, only 22% of all high school students reported being physically active for at least 20 minutes in a daily physical education class.¹²
- Of students enrolled in physical education classes in 1997, 27% reported that they did not exercise for 20 or more minutes in an average physical education class.¹⁰
- Among high school students, 51% of girls and 68% of boys played on a school- or community-based sports team in 1997.¹²

References

1. Centers for Disease Control and Prevention. *Physical Activity and Health: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, 1996.
2. McGinnis JM, Foege WH. Actual causes of death in the United States. *JAMA* 1993;270(18):2207–12.
3. Troiano RP et al. Overweight prevalence and trends for children and adolescents: the National Health Examination Surveys, 1963–1991. *Archives of Pediatric and Adolescent Medicine* 1995;149:1085–91.
4. Centers for Disease Control and Prevention. Update: prevalence of overweight among children, adolescents, and adults—United States, 1988–1994. *Morbidity and Mortality Weekly Report* 1997;46:199–202.
5. Derived from Census Bureau Current Population Survey estimates of population size, October 1991.
6. Casey VA et al. Body mass index from childhood to middle age: a 50-year follow-up. *American Journal of Clinical Nutrition* 1992;56:14–8.
7. Guo SS et al. The predictive value of childhood body mass index values for overweight at age 35 years. *American Journal of Clinical Nutrition* 1994;59:810–9.
8. Public Health Service. *The Surgeon General's Report on Nutrition and Health*. Washington, DC: U.S. Department of Health and Human Services, Public Health Service, 1988. DHHS publication no. (PHS) 88-50210.
9. Adams PF et al. Health risk behaviors among our nation's youth: United States, 1992. National Center for Health Statistics, 1995. *Vital Health Statistics* 10(192). DHHS publication no. (PHS) 95-1520.
10. Kann L et al. Youth risk behavior surveillance—United States, 1997. *Morbidity and Mortality Weekly Report* 1998;47(SS-3):1–94.
11. Centers for Disease Control and Prevention. *Fact Sheet: Youth Risk Behavior Trends from CDC's 1991, 1993, 1995, and 1997 YRBS Surveys*. Atlanta, GA: U.S. Department of Health and Human Services, 1999.
12. Centers for Disease Control and Prevention. Unpublished data from the Youth Risk Behavior Surveillance System national survey, 1997.